

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 90721 041 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000075091

1. Entity Name
 JOSEPH C. DORN, M.D., P.A.



Principal Place of Business
 8150 SWEETWATER DRIVE
 INVERNESS FL 34450

Mailing Address
 9150 SWEETWATER DRIVE
 INVERNESS FL 34450

2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0416752

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADSHAW, R. WESLEY
 200 COURTHOUSE SQUARE
 INVERNESS FL 34450

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relationship)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$250.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 may be Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

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 CITY- ST- ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

352 726 608

Certifying Filing #

CH20034 (10/02)